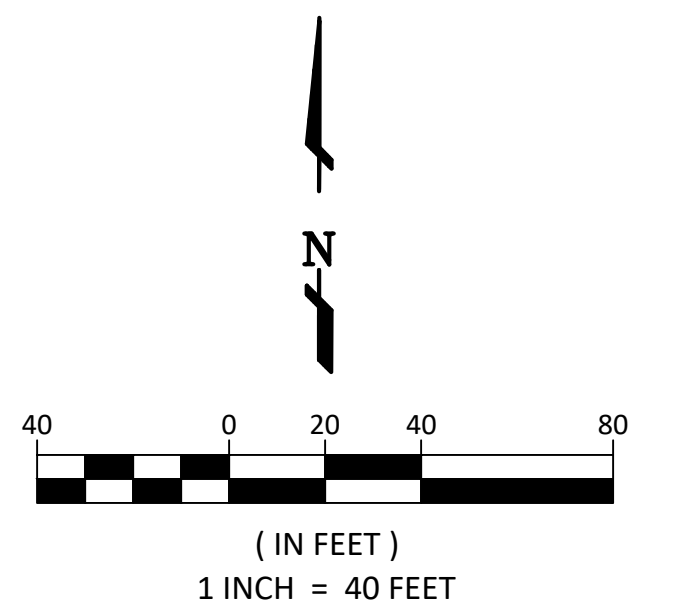


CENTERLINE BEARING DATE			RECYCLED WATER BEARING DATE			WATER BEARING DATE			SEWER BEARING DATE		
#	BEARING	DISTANCE	#	BEARING	DISTANCE	#	BEARING	DISTANCE	#	BEARING	DISTANCE
T1			T1			T1			T1		
T2			T2			T2			T2		
T3			T3			T3			T3		

CENTERLINE CURVE TABLE					RECYCLED WATER CURVE TABLE					WATER CURVE TABLE					SEWER CURVE TABLE				
#	Δ	R	L	T	#	Δ	R	L	T	#	Δ	R	L	T	#	Δ	R	L	T
C1					C1					C1					C1				
C2					C2					C2					C2				
C3					C3					C3					C3				



FILE NAME, PATH, & DATE
REGISTRATION NUMBER
DATE SIGNED
PLAN CHECK OVERSIGHT ENGINEER
REGISTRATION NUMBER
DATE SIGNED
APPROVED AS TO CONFORMANCE WITH APPLICABLE COUNTY STANDARDS AND PRACTICES.

CITY OF XXXX

APPROVED BY: _____

CITY ENGINEER DATE

DIG ALERT

Call: TOLL FREE
1-800-227-2600 OR 811
TWO FULL WORKING DAYS BEFORE YOU DIG

MARK	DATE	INITIAL	DESCRIPTION	APPR.	DATE

COMPANY ADDRESS AND LOGO

UNDER THE SUPERVISION OF: _____

PROFESSIONAL ENGINEER R.C.E. No. _____ DATE _____

ENGINEER STAMP

WATER / SEWER / RECYCLED WATER APPROVED BY:
EASTERN MUNICIPAL WATER DISTRICT

CIVIL ENGINEER _____ DATE _____

APPROVALS

PROJECT ENG.	INITIAL	DATE

COUNTY/CITY OF X

TR/PM/APN NO. XXXX

WATER, SEWER AND RECYCLED WATER

IMPROVEMENT PLANS
PLAN AND PROFILE
STA. XX + XX.XX TO STA. XX + XX.XX

I.D.	
S.A.	
W.O.	
C.O.	
COORD.	
SHEET: OF	
D-	